

Case Number:	CM15-0025007		
Date Assigned:	02/17/2015	Date of Injury:	11/25/2008
Decision Date:	04/01/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/10/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Psychologist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old male, who sustained an industrial injury on November 25, 2008. The injured worker had reported a back and knee injury. The diagnoses have included major depressive disorder single episode, status post lumbar fusion, failed back syndrome, foot drop on the left, bilateral carpal tunnel syndrome, status post partial medial meniscectomy and degenerative arthritis of the left knee. Treatment to date has included pain management, psychiatry/psychotherapy sessions, diagnostic testing and surgeries of the back and knee. Current documentation dated January 3, 2015 notes that the injured worker continued to suffer from psychological issues related to his health and financial issues. Physical examination revealed the injured worker to be depressed, but less than previously. He denied current auditory and visual hallucinations and was clearly expressive and receptive. On February 2, 2015 Utilization Review non-certified a request for cognitive behavior therapy two times a week for three weeks to reduce and manage his symptoms of depression related to injury and help the injured worker to return to a higher level of functioning. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On February 10, 2015, the injured worker submitted an application for IMR for review cognitive behavior therapy two times a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cognitive Behavioral Therapy, 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services from [REDACTED] since the initial evaluation in July 2013. It is unclear from the reports as to the exact number of completed sessions to date, particularly in 2014. The reports also fail to adequately present the objective functional improvements made from the completed sessions. The ODG specifically indicates that for additional treatment to be provided, there needs to be documentation indicating that CBT is being done and that there are objective functional improvements being made. Additionally, the guidelines indicate that a total of up to 13-20 sessions may be needed. Without information about the number of completed sessions or the exact objective functional improvements, the need for any additional sessions cannot be fully determined. As a result, the request for CBT 2 times a week for 3 weeks is not medically necessary.